Please type a plus sign (+) inside	e this box ——>				07.0/00/04 (00.04)	
			Approved	for use through 10/31/2	PTO/SB/81 (02-01) 2002. OMB 0651-0035	
Under the Paperwork Reduction Act of 19	95, no persons are required to re	u.S. Patent a spond to a collection	of Information	n unless it display a valid	I OMB control number.	
		Application Nu	mber			1
		Filing Date		- · · · · ·		4
		First Named Inventor		J. War	zburger	
POWER OF ATT	- -	Title		EON1200	t water	for
AUTHORIZATION	N OF AGENT	Group Art Unit				-
		Examiner Nam		NW229	9	}
		Attorney Dock	et Number	1 87 2 40 11	<u>1</u>	,
						1
I hereby appoint:	,			Place Cus	tomer	
Practitioners at Cus	stomer Number		٦	→ Number B	1	
OR				Label here)	
Practitioner(s) name	ed below:					1
	Name			gistration Number	<u>r</u>	1
Robert	samuel	Smith	3130	25		
<u> </u>						
<u> </u>		/////////////////////////////////////				
as my/our attorney(s) or a	gent(s) to prosecute the	application ide	entified ab	ove, and to trans	act all	1
business in the United Sta	ites Patent and Tradem	ark Office conr	ected the	rewith.		4
Please change the corresp		e above-identi	fied applic	ation to:		
The above-mentioned OR	d Customer Number.			Place Custome		
Practitioners at Custo	mer Number			> Number Bar Co		
OR	The Hamber			Label here		
Firm or	m l J	·e		0 :11		1
	Robert.	James	<u>e 1 </u>	Smith	<u> </u>	∄
Address	1263 E	MORY	57	REET		┨
Address	CAM FACI			A Zin	02121	1
1	LLOT WAS		state C	ZIP	95126	1
Country Telephone	408 28718	2026	ax			1
I am the:	~077	217	ax	· · · · · · · · · · · · · · · · · · ·		1
Applicant/Inventor.			-	•		
Applicationiveritor.						,
	of the entire interest. S					
Statement under 3	7 CFR 3.73(b) is enclos	sed. (Form PTC	DISB196).			_
	SIGNATURE of Applic	ant or Assigne	e of Recor	d		1
Name 5te	bhen R. I	Vurzb	urga	er		
	011			<u></u>		1
Signature S	1=04	uger				1
Date 373 NOTE: Signatures of all the inventor		o entire interest o	r their renne	sentative(s) are requi	red Submit multiple	4
forms if more than one signature is r		io crima tingles(A	. area repres	Sommara(a) are reduit	Cacrini indiupio	1

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

_forms are submitted.

Total of

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

Approved for use through 9/30/00. OMB 0651-0032
Pelent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

COMPLETE IF KNOWN

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

Application Number

•	•									
· ·	5	Filing Date								
☐ Declaration Submitted OR	Declaration Submitted after Initi	al Group Art Unit								
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nam	•							
1	intor, I hereby declare that: a address, and olitzenship are a	ne stated below next to m	r heme.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural										
Migh Molecular Weight Toursed Water										
the specification of which (Title of the Invention)										
OR										
was filed on (MM/DDYYYY) se United States Application Number or PCT International										
Application Number and was amended on (NBA/DD/YYYY) (If applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the ciaims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified C	opy Attached? NO					
		·	0000		0000					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number	(5) Filing Date	(MM/DD/YYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
		1820 1 0/21		,						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTC/SB/01 (12-97)

Approved for use through 9/30/00, OMB 0651-0032

Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a vaid OMB control number.

DECLARATION — Utility or Design Patent Application

t hereby claim t	the benefit	t unider 35 U.S.C. 12	20 of any l	United State	es apple	etion(si), or 36	5(c) of s	HIN PC	l' intern	etional a	pplication des	ignoting the
United States of United States of information white	of America or PCT inte ich is mele	e, Ested below end, emetional application orial to patentability international filing de	, inecter as in the ma , so defined	s the aubject enner provid d in 37 CFR	ict matter ided by th R 1.55 w	r of eac he (ind r	CR Of UN	ne custre anh of 35	SUSC	112.1	acimow	dedge the duty	to disclose
U.S. Parent Application or PCT Parent						1		iling D				nt Patent N If applicab	-
		Number				(liv	IMUL	DMYY	11	-		II abwo	10,
						l.							
					1	ĺ							
		CT international app											
As a named inve and Trademark (untor, I her Office cor	reby appoint the foli nected therewith:	Custon	stered prac mer Numbr	Alioneria Pr) to pro) SOCIAL	Die ett		——————————————————————————————————————	- T	Place Custo Number Bar	omer
-			□ Registe	tered practit		name/r	registra	tion num	nber liet	ed belo	<u>"</u>	Labelha	œ
	Name			Registrat Numbe					Name	•			mber
							1						
							i						
				·	مودادات				' che	-4 OTΩ	=2/02C	-to-had her	-ia
Direct all corre		prectitioner(s) name			901E 61 64	Proce	UDDA:	\neg					1
UPaci as com-	18horner		komer Nur Ear Code L						OR	——— ∑ co	певро	endence add	ress Delow
Name	Ro	bert	Sa	n u	e l		9 m	ith					
Address			Em								<u>:</u>		
Address	5	2		<i>U</i>		-							
City	S	an Jose	2			State Ca ZIP					93	126	
Country	V	SA		elephone	141	182	28:	7/8	94	: Fax			
believed to be punishable by t	true; end fine or im	sistements made to further that these optionment, or both lessed thereon.	elalamania	a warm mad	de with 1	the law	******	i viot we			ITHER IS I	THE RIGHT OF	D (Section and
Name of Sc	oie or Fi	irst inventor:				<u></u>	4 petiti	on has	been	flied fo	r this u	insigned linvi	entor :
		ne (first and middl	ie [if anyi]			+			<u></u>	 -	Su	mame	
	plane	nRay				 	W	uv	<u>zb</u> ,	an	rer		
inventor's Signature		5	R	Wein	lu	ge)	<u>1</u>		<u> </u>	<i>'</i>		Date	3-130
Residence: C	city	Goodye	or Bai		Cá	/ 		<u> </u>				Citizenship	USA
Post Office A	ddress	POB	<u>e</u>						<u>.</u>	<u> :</u>	· · ·	·	- · · · · · · · · · · · · · · · · · · ·
Post Office A										•		- A	·····
City		GOODY OUT SE	tate C	* a	ZIF	_ م				Col	untry	NSA	
	i inventor	rs are being name					ditiona	d Inven	tor(s)	sheel(s) PTO	SB/02A atta	ched here